

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO 10667669	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED*		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP						
1							51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9		1					59					
10		1	2				60					
11		2					61					
12		2					62					
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44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2		1				TOTAL IND.					
TOTAL DEP.	22						TOTAL DEP.					
TOTAL CLAIMS	24						TOTAL CLAIMS					

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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